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## BIB DATA SHEET

CONFIRMATION NO. 8885

<b>SERIAL NUMBER</b> 10/597,291	<b>FILING or 371(c) DATE</b> 07/19/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 3869/030 US	
<b>APPLICANTS</b> Steven Paul Farrugia, New South Wales, AUSTRALIA; <b>** CONTINUING DATA ***** /KCM/</b> This application is a 371 of PCT/AU05/00174 02/10/2005 which claims benefit of 60/543,491 02/11/2004 <b>** FOREIGN APPLICATIONS ***** None /KCM/</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/26/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KRISTEN CLARETTE Acknowledged MATTER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> GOTTLIEB RACKMAN & REISMAN PC 270 MADISON AVENUE 8TH FLOOR NEW YORK, NY 10016-0601 UNITED STATES					
<b>TITLE</b> Session by-Session Adjustments of a Device for Treating Sleep Disordered Breathing					
<b>FILING FEE RECEIVED</b> 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		